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CONFIRMATION NO. 8247

<b>SERIAL NUMBER</b> 09/916,709	<b>FILING OR 371(c) DATE</b> 07/27/2001 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 001-1
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/221,611 07/28/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 09/05/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

30080

**TITLE**

METHOD AND SYSTEM FOR THE MULTIDIMENSIONAL MORPHOLOGICAL RECONSTRUCTION OF  
GENOME EXPRESSION ACTIVITY

<b>FILING FEE RECEIVED</b> 892	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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